

Application For Employment

City of Bristow
110 West 7th Avenue
Bristow, OK 74010

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print or Type)

Position Applied For	Date of Application
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How Did You Learn About Us?		
Advertisement	Friend	Walk-In
Employment Agency	Relative	Other

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number (s)	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date: _____

Have you ever been employed with us before? Yes No
If yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Are you available to work: Full Time Part - Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have a current valid driver's license? Yes No

Have you been accused of a crime within the last 7 years? Yes No
Conviction will not necessary disqualify an applicant from employment.

If yes, explain:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Specialized Skills

Check Skills/Equipment Operated

(Please Circle Applicable Skills and/or Equipment)

Multi-line phones	PowerPoint	Backhoe	Paver	Wastewater License
PC	MS Excel	Tractor	Bobcat	Water License
O.D.I.S.	KellPro	CDL "Class A"	Dump Truck	Utility Maintenance
Typewriter	Cashier	Forklift	CPR/First Aid	CLEET
MS Word	Dispatch	Loader	Street Sweeper	Firefighter

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Dates Employed		Employer	Address
From	To	Job Title	Telephone Number
		Supervisor	Reason for Leaving
Hourly Rate/Salary		Work Performed	
From	To		
Dates Employed		Employer	Address
From	To	Job Title	Telephone Number
		Supervisor	Reason for Leaving
Hourly Rate/Salary		Work Performed	
From	To		
Dates Employed		Employer	Address
From	To	Job Title	Telephone Number
		Supervisor	Reason for Leaving
Hourly Rate/Salary		Work Performed	
From	To		
Dates Employed		Employer	Address
From	To	Job Title	Telephone Number
		Supervisor	Reason for Leaving
Hourly Rate/Salary		Work Performed	
From	To		

If you need additional space, please continue on page 5.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other expertise.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached, ___Yes ___No

References

Name	Telephone
Address	
Name	Telephone
Address	
Name	Telephone
Address	
Name	Telephone
Address	

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AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any authorized representative of the City of Bristow bearing this release, or a photocopy thereof, within one year of its date, to obtain any information from your files pertaining to my employment, credit, or educational records including, but not limited to, academics, achievements, attendance, athletics, personal (non medical) history and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the City of Bristow. Consent is granted for the City of Bristow to furnish such information as is described above, as third parties in the course of fulfilling its official responsibilities.

I hereby release you as the custodian of such records and, any school, college university or other educational institution, credit bureau, lending institutions, consumer reporting agency or retail business establishment including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Date _____ Signature: _____
Month / Day / Year

Name Typed or Printed: _____

Current Address: _____

Phone Number: _____

Subscribed and sworn to me this _____ day of _____, 20_____.

My commission expires: _____

Notary: _____

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**AUTHORIZATION TO RELEASE MEDICAL
AND WORKERS' COMPENSATION INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any physician or other authorized medical representative, under contract with the City of Bristow, bearing this release, or a photocopy thereof, within one year of its date, to obtain information from your files pertaining to my medical records, charts, or any medical history information to determine whether I can do the essential functions of the job for which I have applied for with the City of Bristow. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of any medical group, medical or psychological practitioner or professional for the City of Bristow. Consent is granted for the purpose of performing such post offer medical or psychological exam as required by the City of Bristow. Such information is confidential and will not be released to the City except as covered by the Americans with Disabilities Act and as required by State Law.

I hereby release you as the custodian of such records and any hospital or other repository of medical records, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.

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CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for the position for which you have applied for with the City of Bristow. To a great extent, your ability to be qualified for employment will depend on information obtained in confidential interviews with persons with whom you have been associated, including the personal references you have listed.

If the reasons for your non-acceptance are of a temporary nature, whereby you could be accepted at a later date, you will be so notified. Failure to be certified and hired at the present time does not indicate that you cannot apply at a later date but that other candidates provided experience, education, and background data that were more suitable for employment. All information regarding the application process is confidential.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT.

Date _____ Signature: _____
Month / Day / Year

Witness: _____ Date: _____

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HUMAN RESOURCES DEPARTMENT

EQUAL EMPLOYMENT OPPORTUNITY
APPLICATION DATA FORM

The completion of this form is voluntary and will be kept in a confidential file separate from the Application for Employment; however, its completion will help the City of Bristow comply with state and federal reporting requirements. This information will be used for statistical purposes only and will not be used in the selection process. Thank you for providing us with this information.

Position Applied For: _____ Job Number: _____

Applicant Name: _____ Social Security No.: _____

Address: _____ City/State/Zip: _____

ETHNIC BACKGROUND SEX

- | | | |
|---|-------------------------------|---------------------------------|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> Asian | | |
| <input type="checkbox"/> American Indian | | |
| <input type="checkbox"/> Black | DATE OF BIRTH: _____ | AGE: _____ |
| <input type="checkbox"/> Caucasian (White) | | |
| <input type="checkbox"/> Hispanic (Spanish Origin or Descent) | | |
| <input type="checkbox"/> Pacific Islander | | |
| <input type="checkbox"/> Other | | |

ACTIVE MILITARY SERVICE IN THE ARMED FORCES: Branch _____

From: _____ To: _____ Type of Separation: _____

Highest Rank Achieved: _____ Duties: _____

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- Vietnam Era Veteran Disabled Veteran Handicapped Individual